



VENTILATORS
Service Authorization Required
CMN: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION
CRITERIA/POLICIES

EFFECTIVE: MARCH 2017

REVISED: March 2017

VENTILATORS

Indications and limitations of coverage and medical appropriateness:

A ventilator is covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic pulmonary disease. It includes both positive and negative types. Prior approval is required for a ventilator.

Mechanical ventilatory support may be provided to a member for the purpose of life support during therapeutic support of suboptimal cardiopulmonary function, or therapeutic support of chronic ventilatory failure;

Home ventilator management may be covered on a case-by-case basis based on medical appropriateness, evidence-based medicine and best health practices. Ambu bag is included in the monthly rental reimbursement of the ventilator.

- A member is unable to be weaned from the ventilator or is unable to be weaned from use at night; **or**
- Alternate means of ventilation were used without success; **or**
- A member is ready for discharge and has been on a ventilator more than 10 days; **or**
- A member has no respiratory drive either due to paralysis of the diaphragm or a central brain dysfunction; **or**
- A member has a stable, chronic condition with no orders to wean from the ventilator; **or**
- A member has had a trial with blood gases and has no signs or symptoms of shortness of breath or increased work of breathing; **or**
- A member has uncompromised lung disease; **or**
- A member has chronic lung disease where volume ventilation may further damage lung tissue; **or**
- A member has a compromised airway or musculature and has respiratory drive and a desire to breathe; **or**
- A member will eventually be weaned from the ventilator; **or**
- A member has compromised respiratory muscles from muscular dystrophies or increased resistance from airway anomalies or scoliosis conditions.



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Payment includes:

- The durable medical equipment (DME) provider ensuring that an appropriate and acceptable contingency plan to address emergency situations or mechanical failures of the primary ventilator is in place. This could mean that the provider furnishes a backup ventilator;
- Any equipment supplies, and routine maintenance and training necessary for the effective use of the ventilator.

Documentation Requirements:

Physician prescription

Physician documentation supporting the need and why member unable to be weaned off of oxygen.

Non-covered:

Back up ventilator

| Date Revised | Revisions |
|---------------------|--|
| March 2017 | Established criteria as listed in policy |
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